

**CITY OF ENCINITAS**

Development Services Department  
505 S. Vulcan Ave  
Encinitas, CA 92024  
[www.encinitasca.gov](http://www.encinitasca.gov)  
Phone: 760-633-2708  
Email: [permits@encinitasca.gov](mailto:permits@encinitasca.gov)

## APPLICATION SUPPLEMENTAL SOLICITOR PERMIT

Company Name: \_\_\_\_\_

Owner(s) of Company\*: \_\_\_\_\_  
\_\_\_\_\_

Description of Articles to be sold or Services to be Offered: \_\_\_\_\_  
\_\_\_\_\_

Solicitation Location: \_\_\_\_\_  
\_\_\_\_\_

Date Beginning: \_\_\_\_\_ Date Ending: \_\_\_\_\_

Days of the Week (check all that apply): ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Hours of Operation: From \_\_\_\_\_ ☐AM ☐PM To \_\_\_\_\_ ☐AM ☐PM

Solicitation Methods (check all that apply):

☐ Door to Door (9AM-6PM only) ☐ Mail ☐ Temporary Stand ☐ Phone  
☐ Personal Approach ☐ Door Hangers ☐ Volunteers ☐ Pamphlets

Are you selling beverages or food? ☐ Yes\* ☐ No \*If yes, attach a copy of Health Department permit.

☐ By checking this box, I certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge. I understand any false statements or information are grounds for denial of this application or revocation of the permit. I acknowledge I will adhere to the conditions as stated on the permit. Any misuse of privileges or multiple complaints received by the City may constitute violations of this permit resulting in fines and/or revocation of the permit.

Name: \_\_\_\_\_ Date: \_\_\_\_\_